



CANNON BUILDING  
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STATE OF DELAWARE  
BOARD OF FUNERAL SERVICES

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## CREMATORY ESTABLISHMENT PERMIT CHANGE REQUEST

### INSTRUCTIONS

Use this form to report when either of the following events occurs at a Delaware-licensed Crematory Establishment. No fee is required.

- The crematory's name, *not its ownership*, changes.
- The operator in charge of the crematory changes (Section 13.2.14 of the [Rules and Regulations](#)).

If the following events occur, file a new [Application for Crematory Establishment Permit](#). Do not use this form.

- Ownership of previously licensed crematory changes (even if name remains the same).
- Crematory that was previously licensed moves to a new location.

### TYPE OF REPORT

1. Check the event(s) you are reporting: ☐ Name Change (no ownership change) ☐ Certified Operator Change
2. Crematory Permit Number where change occurring: **K5-**\_\_\_\_\_

**NAME CHANGE** – Complete this section if you checked Name Change in Question 1.

3. Crematory's New Name: \_\_\_\_\_
4. Crematory's Former Name: \_\_\_\_\_
5. Address of Physical Location: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

6. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CERTIFIED OPERATOR CHANGE** – Complete this section if you checked Certified Operator Change in Question 1.

7. Provide the following information about the new certified operator:  
Name: \_\_\_\_\_ Crematory Operator Certification Authority: \_\_\_\_\_  
Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

***I certify that the information above is true and correct.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_